

## **Foster Care in KanCare**

### General Principles

Children in foster care should have the same continuity of care within a Managed Care Organization (MCO) as other KanCare members, so causes that would allow a change in MCO within a year would be limited to the same ones for all KanCare members, which include the following reasons:

- Quality of care
  - Beneficiary concerns about the quality of case management services being provided by the MCO
  - Beneficiary complaint about quality of care with physicians available in their current network and no other provider options are available with that MCO
- Access to care
  - Beneficiary's nursing facility is not in assigned MCO network
  - Beneficiary's waiver provider (for example) is not in assigned MCO network
- Beneficiary has been removed from provider in network and no other providers are available in the network
- Treatment not available in network
  - Beneficiary requires a specific service that is not available from any providers in their assigned MCO network
- Case continuity
  - Newborn defaults to mother's MCO assignment
  - Child moves to a new case; the child may assigned to the MCO that the family (on the new case) is assigned to

### Choice of MCO

Choice of the MCO for foster care children will reside with the party responsible for making medical decisions for the children. That is the Department for Children and Families (DCF). Since all three KanCare MCOs must provide services statewide and the State wants to spread the risk (for expensive members) as equitably as possible, Medicaid and Children's Health Insurance Plan (CHIP) beneficiaries will be assigned using an algorithm that tries to equally distribute this risk, while ensuring that beneficiaries are assigned to an MCO that has providers who already serve those beneficiaries in their networks. DCF will make the choice to change MCO assignment only when it is necessary for the benefit of the child.

The State's enrollment broker, Hewlett Packard Enterprise Services (HPES), will mail enrollment packets to the foster family or placement. However, since it is DCF that makes the decision regarding MCO assignment, the foster family or placement will not be permitted to change the auto-assigned MCO. If the foster family or placement contacts the Managed Care Enrollment Center to change the assignment, they will be instructed to contact their DCF caseworker to discuss the reasons why a change is needed. Once the MCO assignment occurs, the welcome packet, containing the KanCare identification card, will be mailed to the foster home or other placement.

If a change is needed in MCO assignment after the initial choice period, DCF must request it on behalf of the child. If the reason does not meet the good cause requirements outlined above, DCF would need to file an appeal with KDHE.

#### Continuity of Care Coordination

Since one of the primary goals of KanCare is improved coordination and integration of care, it is essential that members remain with an MCO for as long as possible. Once a final choice has been made, must remain with the MCO until the next annual choice period. This period will be 12 months from the date of the beginning of the initial choice period or the implementation of KanCare (January 1, 2013) whichever is later.

#### Children in PRTFs

Children who are in the custody of DCF, not already assigned to an MCO, and placed in a psychiatric residential treatment facility (PRTF) will be assigned to an MCO based on the State's algorithm. Any change to that assignment will be made by DCF during the initial choice period. Changes in MCO assignment outside of the choice period must meet one of the good cause requirements outlined above.

#### Out of State Placements

Children who are IV-E eligible and placed out-of-state must apply for Medicaid in the state they are placed. Children who are not IV-E eligible and placed out of state remain the responsibility of the KanCare MCO to which they've been assigned. That MCO must make arrangements with the out of state providers to pay for services received. Some of these providers will be treated as out of network providers. The DCF worker needs to inform the MCO as soon as possible about such out of state placements so that the MCO can ensure continuity of care.